

Vision Benefits

Benefits are provided by EyeMed Vision Care

Employees choose from two vision plans – Basic or Premium. All premiums are paid through pre-tax, payroll deductions. New participants will receive an insurance ID card from Eyemed upon enrollment.

State of Nebraska employees who elect vision benefits get EyeMed's Access vision plan, which allows you to take advantage of America's largest vision care network, comprised of independent providers and top optical retailers. This means that you get access to more convenient evening and weekend hours to fit anyone's schedule - or you can use your in-network benefits at one of EyeMed's online providers.

Accessing your vision care benefit is easy:

- Find a provider near you at eyemed.com, then schedule an appointment with a simple phone call or stop by one of the many providers who offer walk-in appointments.
- Register for EyeMed's member portal to maximize your membership through alerts about your vision health and benefits. You may also download the EyeMed Member App at iTunes or the Google Play Store for easy access on the go.

Vision benefits are available once every Plan Year

Example of Premium Progressive Glasses Purchase:

Retail Cost of Lens	\$400
20% Discount	- \$80
	\$320
Less Lens Allowance	- \$120
	\$200
Member Copay	+ \$75
Total Member Out-of-Pocket	\$275

Monthly Vision Plan Premiums

	Basic Option	Premium Option
Employee Only (Single Coverage)	\$5.30	\$8.20
Employee + Spouse (Two-Party Coverage)	\$8.50	\$13.16
Employee + Dependent Children (Four-Party Coverage)	\$8.68	\$13.40
Employee + Spouse + Dependent Children (Family Coverage)	\$13.96	\$21.64

EyeMed Vision Care Summary of In-Network Coverage (Member Cost)

	Basic Option	Premium Option
Exam	\$10 copay Every 12 months	\$10 copay Every 12 months
Frames	80% over \$105 Every 24 months	80% over \$120 Every 12 months
Benefits: You can choose from prescription lenses OR contact lenses each 12 or 24 months depending on the frequency of your chosen plan option.		
Prescription Lenses	Every 24 months	Every 12 months
<ul style="list-style-type: none"> • Single, Bifocal, Trifocal • Standard Progressive Lens • Premium Progressive Lens 	\$10 copay \$75 copay \$75 copay plus (80% of charge less \$120)	\$10 copay \$75 copay \$75 copay plus (80% of charge less \$120)
Contact Lenses	Every 24 Months	Every 12 months
<ul style="list-style-type: none"> • Conventional • Disposable 	85% over \$105 100% over \$105	85% over \$130 100% over \$130

LEGAL DISCLAIMER: Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Allowances are one-time use benefits; no remaining balance. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. The plan design is offered with the EyeMed Access panel of providers. Limitations and exclusions apply. Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri except in New York. Fidelity Security Life Policy Number VC-19/VC-20 form number M-9083.

